|  |
| --- |
| logo with borderAMS Credential Services FormReplacement Credentials Form Updated May 2022 |

*This form was designed to be completed in Microsoft WORD. Click on the gray box to begin typing.*

*Return to AMS via e-mail to* *credentials@amshq.org* *and* *jimmy@amshq.org*

*AMS does not accept physical documents of any kind.*

|  |
| --- |
| **CONTACT INFORMATION** |
| Name       |  AMS Member Number       |  Current Member? [ ]  Yes [ ]  No | Date      |
| Street Address      | Apt.      | City      | State/Province      | ZIP/Postal Code      |
| Country      | Phone number      | Phone typeHome [ ]  Work [ ]  Cell [ ]  | Email Address      |
| **DOCUMENT(S) REQUESTED**  |
| **Credential Replacement (AMS/NCME only): $55** for current AMS members; **$95** for non-members.  |

|  |
| --- |
| **ORIGINAL CERTIFICATE INFORMATION** |
| **COURSE LEVEL** (check all that apply) | **NAME OF TEACHER EDUCATION PROGRAM** | **DATE**  | **AMS/NCME** |
| **[ ]  Infant & Toddler** *(Birth – 3)* |  |  |  |
| **[ ]  Early Childhood** *(2½ – 6)* |  |  |  |
| **[ ]  Elementary** *(6 – 9, 6 – 12, or 9 – 12)* |  |  |  |
| **[ ]  Secondary** *(12 – 15 or 12 – 18)* |  |  |  |
| **[ ]  Administrator** |  |  |  |
| **Your name as it appeared on your original credential certificate:** | **Your name for new certificate:** (**Upgrades only**) |
| **DELIVERY INFORMATION** |
| [ ]  **Send to a third party address** (transcripts & letters only) – please provide an e-mail address below |
| Recipient Name      | Organization (optional)      | E-mail address      |
| **PAYMENT INFORMATION** |
| Once AMS staff have had a chance to review the request you’ve submitted, you will be invoiced via our website, [www.amshq.org](http://www.amshq.org), at which point you may complete payment.AMS does not accept checks. |